



North Carolina

Consumer & Family Advisory Committee (CFAC) Training

Summary Report
2007-2008



I. Introduction

In 2007, the North Carolina General Assembly gave tangible support to the importance of including consumer and family perspective in the transformation of the mental health, developmental disabilities and substance abuse services system by providing funds for Consumer and Family Advisory Committee training. The sum of \$100,000 was allocated on a one-time basis to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) to provide training for CFACs. The responsibility for developing and implementing this training was given to the Advocacy and Customer Service Section in the Division and was ultimately fulfilled by the Consumer Empowerment Team (CET) in this Section.

The team began by obtaining input from the CFACs as to what they believed would constitute meaningful training for these committees. The staff of the CET developed a plan for gathering information on training needs. The CET surveyed all local and State CFAC members for recommendations on training topics they felt would be beneficial to them. CET staff, in planning this training, also took into account the statutory functions of the State and local CFACs as well as training objectives outlined in the DMH/DD/SAS State Strategic Plan. CFAC members were an integral part of every phase of this planning process.

II. Statewide Training

The first phase of the training was a two-day statewide event for members from each of the 25 local CFACs, their Local Management Entity (LME) CFAC Liaisons and for State CFAC members. This event was held February 29th and March 1, 2008 in Winston Salem, N.C.

Over 250 people were in attendance for this inaugural training. The topics evolved from the statutory requirements of CFACs, training topics required by the State Strategic Plan and topics requested by State and local CFAC members. DMH/DD/SAS and LME staff, LME Directors, State and local CFAC members and members of the community presented on a variety of topics including Division and LME financing and use of funds, Single Stream Funding, roles and responsibilities of the LME, Basics of Quality Management, How to understand reports and data, Recruiting CFAC members and How a CFAC can accomplish statutory requirements. Presenters were selected based on their expertise on the topic as well as their ability to relate to consumers and family members. Numerous other sessions were provided on issues relevant to CFACs and their activities.

III. Regional Trainings

Nine regional trainings were held between March and May of 2008. These trainings focused on LME Quality Management activities and LME Crisis Service System Plans for each area. Three trainings were held in each of the 3 state regions: Central; Eastern; and Western.

During these trainings, the Technical Assistance Collaborative (TAC) and Human Service Research Institute (HSRI), two nationally recognized consulting firms under contract to the Division, provided detailed information about quality management activities occurring in the local areas. This also included information and training to participants on how to read, analyze and interpret data. Discussions occurred regarding information the CFACs should receive from the LMEs and the reports on the Division website that would serve as useful tools to assist CFACs in meeting their statutory requirement of participating in quality management activities.

The remainder of the training included presentations by each LME about their crisis plans and the crisis services available in each area. This empowered CFAC members to understand not only what was available in their own catchment area but also in other LMEs that would allow them to better assess the needs of consumers and families in their areas.

IV. Leadership Training for CFAC Chairs, Vice-Chairs (or their designees)

Training was held for CFAC leadership on June 6th and 7th in Winston Salem. The topics for these two days were specifically picked to enhance and develop the skills of the participants in their roles as committee leaders. Each of the individuals who attended was a chair, vice-chair or a designee that has served or likely will serve in a leadership role on their CFAC.

The topics for this training were:



1. Your personal power and its impact on the goals of CFAC,
2. Interactive discussion of possible future CFAC trainings,
3. State of the art techniques for networking,
4. Making the most of your meetings,
5. Building the leadership team,
6. Planning for successful CFAC outcomes,
7. The importance of recruitment and
8. Holding each other accountable to the task.

V. State CFAC Training

State CFAC members received training on June 11th in Raleigh, N.C. Given that the State CFAC is statutorily charged with advising the DHHS and the General Assembly, this training was provided with a statewide (rather than local) perspective in mind. The focus of this training was on Quality Management and Crisis Service Systems. The Quality Management training was provided by HSRI and the crisis systems training was provided by Division staff.

VI. Evaluation

Each of the trainings was evaluated using a standard tool for all sessions. The following questions were asked:

Please evaluate the presentation. For each question listed below, please circle the number that best rates your overall response; 1 representing the least favorable, and 5 for the best.	N/A = Not applicable					
						
1. Do you think the presentation helped your effectiveness as a CFAC member?	1	2	3	4	5	N/A
2. Will you be able to make better decisions for your CFAC now?	1	2	3	4	5	N/A
3. Did you learn helpful information that you could apply to CFAC?	1	2	3	4	5	N/A
4. Do you have a better understanding of this topic area now?	1	2	3	4	5	N/A
5. Would you like to learn more about this topic?	1	2	3	4	5	N/A
6. Were the handouts helpful?	1	2	3	4	5	N/A
7. Was the time spent on this presentation appropriate (or too long / too short)?	1	2	3	4	5	N/A
8. How helpful were the audio visuals?	1	2	3	4	5	N/A
9. Did the presenter hold your interest?	1	2	3	4	5	N/A
10. How would you rate the overall presentation?	1	2	3	4	5	N/A

The presentations were ranked from 1 to 5 with 5 being the highest score. The overall average evaluation score for all of the CFAC trainings was 4.3. This indicates that the participants experienced a high degree of satisfaction with the relevance, usefulness and quality of these events. CFAC members almost universally expressed that these trainings both increased their effectiveness as committee members and enabled them to become better decision makers

regarding input provided to the service system. The vast majority of comments received about all the trainings were very positive. Below are just a few of the comments that were received from CFAC members:

"I believe the first CFAC Leadership Conference to be a huge success. It offered something for everyone, in that the workshops were diverse enough to reach multiple levels. I think that everyone learned something new and most importantly it gave CFACer's an opportunity to collaborate, network and create strategies that will surely strengthen our endeavors. When's the next one?"

"The information provided at the conference was very meaty and abundant. Our CFAC would like for this to be an annual event."

"I had the privilege of attending the 2008 CFAC Conference in Winston Salem. As a novice in a CFAC organization I learned quickly at this conference. The presenters and classes I attended were knowledgeable and informative in their topics. With the information I received at the Statewide CFAC conference, I feel much more qualified to join my CFAC and make a difference for others who feel they have no voice."

When reviewing the comments received by attendees at all of these trainings, it is apparent that the training was considered to be valuable and well received.

The creation and development of the State and local CFACs and the funding provided by the General Assembly for this training effort speaks to the State's appreciation of the value of the perspective of consumers and family members. North Carolina is nationally viewed as a leader in seeking and utilizing consumer and family input to inform its system of services and to ensure that the services provided to our citizens are of the highest quality.